

# CSPD WORKSHOP ROSTER

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Instructions to Participants:** Please sign your name to verify attendance at this workshop. OPI renewal credit must be requested at this time; later requests for OPI certificates for this workshop will be denied

**OPI-** OPI Renewal Credit (Minimum of 6 hours to receive OPI credit)

**MSU-B-** Montana State University-Billings Credit

*Note: MSU-B and OPI CANNOT be earned at the same time.*

CREDIT (✓)

Name (PRINT)	School/ District	Position	Signature of Participant	OPI	MSU- B

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